PART B - FEE(S) TRANSMITTAL mple cand send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571) 273-2885 INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. nce fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Customer No. 05251 7590 08/10/2005 SHOOK, HARDY & BACON LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. .2555 GRAND BLVD KANSAS CITY, MO 64108 11/15/2005 EAYALEW2 00000063 10748896 NANCY L. MORTON (Depositor's name) 700.00 OP 01 FC:2501 02 FC:1504 300.00 OP ACULO (Signature Novembe 10, 2005 (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. APPLICATION NO. FILING DATE MDFX.102621 7423 SCOTT A. TUFTS 10/748.896 12/30/2003 TITLE OF INVENTION: LIQUID APPLICATOR WITH A MECHANISM FOR FRACTURING MULTIPLE AMPOULES APPLN. TYPE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY YES \$700 \$300 \$1000 11/10/2005 nonprovisional **EXAMINER** ART UNIT CLASS-SUBCLASS 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 SHOOK, HARDY & BACON LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) OVERLAND PARK, KANSAS 66210 MEDI-FLEX, INC.

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